

Attachment C
NJ FamilyCare
Plan D Service Package

NOTE: Premiums and co-payments are required for families and children with income greater than 150% of the Federal poverty level.

Services available through the Health Maintenance Organization (HMO)

- Primary and Specialty Care, \$5 co-pay, except for preventive services
- Well child care, including immunization, and lead screening and treatments
- Emergency Room Services, with \$35 co-pay for non-emergency treatment
- Family Planning Services and Supplies, including: Medical history and physical exams, diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling.
- Home Health Care Services, limited to skilled nursing care for a home-bound beneficiary which is provided or supervised by a registered nurse when the purpose of the treatment is skilled care necessary for the treatment of the beneficiary's medical condition.
- Hospice Services
- Inpatient Hospital Services, including acute care, rehabilitation and special hospitals.
- Outpatient Hospital Services, including outpatient surgery, \$5 co-pay, except for preventive services.
- Laboratory Services, \$5 co-pay
- Radiology Services – Diagnostic and Therapeutic, \$5 co-pay
- Optometrist Services: Including one routine eye examination per year, \$5 co-pay
- Optical Appliances: Limited to one pair of glasses (or contact lenses) per 24 month period, or as medically necessary
- Organ Transplants
- Prescription Drugs, excluding over-the-counter drugs, \$5 co-pay for brand name drugs and \$1 co-pay for generic drugs.
- Dental Services, limited to preventive dental services only for children under the age of 12 years; including oral exams, oral prophylaxis, and topical application of fluorides.
- Podiatrist Services, excluding routine hygienic care of feet in the absence of a pathological condition, \$5 co-pay.
- Prosthetic Appliances, limited to initial provision of a prosthetic device that temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury, or congenital defect.
- Private Duty Nursing, when authorized by the HMO
- Transportation Services, limited to ambulance services for medical emergency only

- Maternity and related newborn care
- Diabetic Supplies and Equipment

Services available fee-for-service (FFS)

- Abortion Services
- Skilled Nursing Facility Services
- Outpatient Rehabilitation – Physical Therapy, Occupational Therapy and Speech Pathology: Limited to: (1) non-chronic conditions and acute illnesses and injuries; and (2) 60 consecutive day period per incident of illness or injury beginning with the first day of treatment per contract year. Speech therapy rendered for treatment of delays in speech development, unless resulting from disease, injury or congenital defects, is not covered.
- Inpatient Hospital Services for Mental Health, including psychiatric hospitals, limited to 35 days per year.
- Outpatient Benefits for Short Term, Outpatient Evaluative and Crisis Intervention, or Home Health Mental Health Services, limited to 20 visits per year, \$25 co-pay:
 1. When authorized by DMAHS, one (1) mental health inpatient day may be exchanged for up to four (4) home health visits or four (4) outpatient services, including partial care. Limited to an exchange of up to a maximum of 10 inpatient days for a maximum of 40 additional outpatient visits.
 2. When authorized by DMAHS, one (1) mental health inpatient day may be exchanged for two (2) days of treatment in partial hospitalization up to the maximum number of covered inpatient days.
- Inpatient and Outpatient Substance Abuse: Limited to detoxification, \$25 co-pay for outpatient visits.

Note: Co-pays are not required for General Assistance/NJ FamilyCare or for adults when income is above 50% of the Federal Poverty Line, up to 150% of the Federal Poverty Line.